



☐ New Application

☐ Renewal Application

Alaska residents who are age 65 or older with gross annual income at or below 135% of the Federal poverty guidelines may receive a cash payment of \$120 per month (for a total of \$1440/year). Direct Deposit is not available for the cash payment. If you do not have Medicaid or similar drug coverage, you may choose to receive a prescription drug benefit of up to \$1,600/year instead of the cash benefit described above. Seniors with gross annual income between 135% and 150% of the poverty guidelines, who do not have Medicaid or similar drug coverage, are eligible to receive a prescription drug benefit of up to \$1,000/year, but are not eligible for a cash benefit.

Federal Poverty Guidelines for Alaska*

Family Size	135%	150%
1	\$15,701	\$17,445
2	\$21,074	\$23,415

**Federal Poverty Guidelines for Alaska re updated each year on April 1.*

The information below must be completed before we can determine your eligibility for these benefits. We need this information for you and your spouse, if he or she is living with you, even if your spouse is under the age of 65.

1 Are you applying for yourself and your spouse? ☐ Yes ☐ No

2 Application Information

Name (First, Middle Initial, Last)		Social Security Number		Date of Birth
Do you intend to remain an Alaska Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> US Citizen <input type="checkbox"/> or Legal Alien		<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address (Street or PO Box)		City	State	Zip
Residence Address (Street or PO Box)		City	State	Zip
Phone Number		Message Phone		
What type of SeniorCare benefit do you want to receive? (Choose only one). <input type="checkbox"/> \$120 per Month <input type="checkbox"/> Prescription Drug Benefit				

3 Spouse Information

Name (First, Middle Initial, Last)		Social Security Number		Date of Birth
Do you intend to remain an Alaska Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> US Citizen <input type="checkbox"/> or Legal Alien		<input type="checkbox"/> Male <input type="checkbox"/> Female
What type of SeniorCare benefit do you want to receive? (Choose only one). <input type="checkbox"/> \$120 per Month <input type="checkbox"/> Prescription Drug Benefit				

Over

4 Please list all liquid assets owned by you or your spouse. Attach Proof.

Item (cash, financial account, stocks, bonds, life insurance, etc.)	Owner(s)	Value
		Total

Income. Income is any money that you or your spouse receives that can be used to meet your needs for food, clothing, or shelter. Income includes, but is not limited to: wages and other earnings, annuity payments, pension or retirement payments, disability benefits, veteran's benefits, Social Security payments, Supplemental Security Income (SSI), Adult Public Assistance, alimony, Native corporation payments, dividends, etc.

Do **not** include money from the Alaska Permanent Fund Dividend or up to \$1500 of any money set aside for burial of yourself or your spouse.

5 Please list the gross annual income received by you and/or your spouse. Attach Proof.

Gross annual income is the amount before any deductions are subtracted (such as taxes or Medicare premiums).

Type of Income? (Social Security, pension, or retirement, wages, etc.)	Who receives, you or spouse?	Gross Annual Amount
		Total

Rights and Responsibilities. I understand that:

- I have a right to request a fair hearing if I do not agree with the decision made on this application. I can make a request for a fair hearing by phone, in writing, or in person to any Division of Public Assistance office.
- I must report changes in state residency, residence address, mailing address, or the death of a household member within ten (10) days.

Authorized Representative. I have asked this person to help with my application.

Name of Person

Phone/Message Number

Statement of Truth. I certify that I have checked the information on this application and that it is a true and complete statement of facts according to my best knowledge and belief.

Signature of Applicant or Authorized Representative

Date

Signature of Spouse

Phone/Message Number

Please call 465-5734, if you have questions about the SeniorCare Program.

Please return your completed application to:

SeniorCare Program • PO Box 110690 • Juneau, AK 99811